

Conference on New York State History

June 3–5, 2010 • Registration

Save on Early
Registration by May 17

Name _____

Member ID Number: _____

Affiliation _____

NYSHA _____ APT _____

Address _____

Business Address Personal Address

City/Town _____ ST _____ Zip _____

historyconference@nysha.org

E-mail _____

(888) 547-1450 ext. 453

A confirmation will be sent to you via e-mail. If e-mail is unavailable, please call for confirmation.

CONFERENCE REGISTRATION

Postmarked on or before

Monday, May 17 \$85 \$ _____

—(NYSHA/APT members \$60)

Postmarked after

Monday, May 17 \$105 \$ _____

—(NYSHA/APT members \$80)

Thursday

Full-day workshop (UHA) \$35 \$ _____

—(includes box lunch)

Friday lunch

\$17 \$ _____

Friday dinner

\$26 \$ _____

Saturday lunch

\$17 \$ _____

Registration SUB-TOTAL \$ _____

Mail registration form to:

Conference on New York State History
c/o NYSHA
PO Box 800
Cooperstown, N.Y. 13326

TRADITIONAL STYLE RESIDENCE HALL

(non-air-conditioned with shared bath facilities)

Single Double

If double, name of roommate: _____

Thursday, 6/3/10 \$45 \$ _____

Friday, 6/4/10 \$45 \$ _____

Saturday, 6/5/10 \$45 \$ _____

Housing SUB-TOTAL \$ _____

On-campus housing registration deadline is Monday, May 17.

Please read Registration and Lodging information on page 7.

Registration SUB-TOTAL \$ _____

Housing SUB-TOTAL \$ _____

TOTAL PAYMENT \$ _____

EMERSON HALL

(air-conditioned with private bath facilities)

Single Double

If double, name of roommate: _____

Thursday, 6/3/10 \$55 \$ _____

Friday, 6/4/10 \$55 \$ _____

Saturday, 6/5/10 \$55 \$ _____

Housing SUB-TOTAL \$ _____

Method of Payment

Check enclosed (make checks payable to "NYSHA")
 Please Send Invoice Credit Card • Card Type _____

Account # _____

Exp. Date ____/____/____

Signature _____